



State of New Jersey  
Department of Law and Public Safety  
Division of Consumer Affairs  
**New Jersey Board of Nursing**  
124 Halsey Street, P.O. Box 45010  
Newark, NJ 07101

## Certified Homemaker-Home Health Aide Information

# 2005

This advisory has been developed by the New Jersey Division of Consumer Affairs' Board of Nursing to keep you updated regarding important information, and to assist you in your efforts to maintain your certificate as a homemaker-home health aide in the State of New Jersey.

In choosing a career as a homemaker-home health aide, you have entered into the fastest-growing health care occupation through the year 2006, as reported by the Bureau of Labor Statistics. As a certified homemaker-home health aide, you are considered a valuable member of the health care team. Therefore, always remember to uphold your standards in delivering safe and competent care to the clients you serve.

### *Tips on maintaining and protecting your certificate*

- + Show your employer your original certificate. This serves as proof to your employer that you are actively certified.
- + Do not give your certificate to your employer. Make a copy of this important document for your employer and keep the original in a safe place.
- + Your certificate allows you to be employed only by New Jersey licensed a home-care services agency. You will be regularly supervised by a registered professional nurse while you are working. You are not permitted to work privately or independently.
- + Your certificate has an expiration date and is not valid after that date. Your certificate must be regularly renewed through the New Jersey Board of Nursing. Your certificate number will always remain the same.
- + You must be working for a New Jersey licensed home-care services agency in order to renew your certificate. The signature of an agency representative is required for your renewal.
- + Any name or address changes must be submitted to the New Jersey Board of Nursing **in writing**. Please keep the Board up to date concerning your correct name and **current** address, as your renewal form cannot be forwarded if your address is incorrect.

## Certified Homemaker-Home Health Aide Name/ Address Change Form

Detach and mail or fax **only** if you have a name or address change. Please print or type your answers.

Name: \_\_\_\_\_

Certificate number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Birth date: \_\_\_\_\_  
month day year

Check one: ☐ Name change\* ☐ Address change

Prior name: \_\_\_\_\_

New name: \_\_\_\_\_

Prior address

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

New address

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature

Date

\* You must include a **copy** of a birth certificate, marriage license, divorce decree or any other court documentation with any name change request. Please do not send original documents.

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Mail or fax to:

State of New Jersey  
Department of Law and Public Safety  
Division of Consumer Affairs  
**New Jersey Board of Nursing**  
**Certified Homemaker-Home Health Aide Unit**  
P.O. Box 45010  
Newark, NJ 07101  
Fax: 973-648-6915